

Fill in this information to identify the case:

Debtor 1 Pareteum Corporation

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 22-10615 (LGB)

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Databricks, Inc.
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Databricks, Inc.</u> Name <u>160 Spear Street, 13th Floor</u> Number Street <u>San Francisco CA 94105</u> City State ZIP Code Contact phone <u>415-651-2384</u> Contact email <u>billing@databricks.com</u>	<u>Databricks, Inc.</u> Name <u>160 Spear Street, 13th Floor</u> Number Street <u>San Francisco CA 94105</u> City State ZIP Code Contact phone <u>415-651-2384</u> Contact email <u>billing@databricks.com</u>

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed? No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 9 5 8

7. How much is the claim? \$ 308,280.00. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Services performed

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

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10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/30/2022
MM / DD / YYYY

Justin Murray
Signature

Print the name of the person who is completing and signing this claim:

Name Justin Michael Murray
First name Middle name Last name

Title Billing & Collections Analyst

Company Databricks, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 160 Spear Street, 13th Floor
Number Street

San Francisco CA 94105
City State ZIP Code

Contact phone 415-651-2384 Email billing@databricks.com

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Invoice

160 Spear Street
 Suite 1300
 San Francisco CA 94105
 866-330-0121

Date 3/30/2019
Invoice # INV5241
Payment Terms Net 30
Due Date 4/29/2019
PO # 73971, 73972
Subsidiary Databricks, Inc.
Billing Period Start D... 5/1/2019
Billing Period End Date 10/31/2019
Currency USD
Bank Account info

Bill To
 iPass Inc.
 Attn: Accounts Payable
 3800 Bridge Parkway
 Redwood City CA 94065

Ship To
 iPass Inc.
 Attn: Accounts Payable
 3800 Bridge Parkway
 Redwood City CA 94065

Item	Quantity	Description	Rate	Tax	Amount
Platform Base License	6	Databricks platform services fee (includes security features) For the 1st Deployment	5,000.00	Yes	30,000.00
Annual Committed DBUs	230,000	Databricks Unit (DBU) annual usage allowance	0.39	Yes	89,700.00
Platform User License	120	Authorized users of the Databricks platform 20 Users Per Month	100.00	Yes	12,000.00
Enhanced Platform Support	6	Enhanced support includes 8x5 prioritized access to qualified Databricks software engineers to provide assistance in trouble shooting problems related to usage of the Databricks Platform	3,740.00	Yes	22,440.00

Total Amount Due 154,140.00
 \$154,140.00

Payment by WIRE or ACH:
 Silicon Valley Bank
 3003 Tasman Drive
 Santa Clara, CA 95054
 Routing#: 121140399
 Account#: 3301482780
 SWIFT code: SVBKUS6S

Payment by check:
 Databricks, Inc.
 Dept. CH 10905
 Palatine, IL 60055-0905

Canada GST number: 76760 3111 RT0001



160 SPEAR STREET SUITE 1300 SAN FRANCISCO, CA 94105
 P: 866-330-0121
 E: BILLING@DATABRICKS.COM

INVOICE

DATE: 9/30/2019
INVOICE NUMBER: INV5242
BILLING PERIOD: 11/1/2019-4/30/2020
PO NUMBER: 73971, 73972
PAYMENT TERMS: NET 30
DUE DATE: 10/30/2019

BILL TO: ATTN: ACCOUNTS PAYABLE
 IPASS INC.
 3800 BRIDGE PARKWAY
 REDWOOD CITY, CA 94065

SHIP TO: ATTN: ACCOUNTS PAYABLE
 IPASS INC.
 3800 BRIDGE PARKWAY
 REDWOOD CITY, CA 94065

ITEM	DESCRIPTION	QTY	RATE	TOTAL
Platform Base License	Databricks platform services fee (includes security features) For the 1st Deployment	6	\$5,000.00	\$30,000.00
Annual Committed DBUs	Databricks Unit (DBU) annual usage allowance	230,000	\$0.39	\$89,700.00
Platform User License	Authorized users of the Databricks platform 20 Users Per Month	120	\$100.00	\$12,000.00
Enhanced Platform Support	Enhanced support includes 8x5 prioritized access to qualified Databricks software engineers to provide assistance in trouble shooting problems related to usage of the Databricks Platform	6	\$3,740.00	\$22,440.00

SUBTOTAL	\$154,140.00 USD
TAX TOTAL	\$0.00 USD
TOTAL	\$154,140.00 USD
AMOUNT PAID	(\$0.00) USD
AMOUNT DUE	\$154,140.00 USD

PAYMENT INFORMATION

CHECK: DATABRICKS, DEPT. CH 10905, PALATINE, IL 60055-0905
WIRE/ACH: SILICON VALLEY BANK, 3003 TASMAN DRIVE, SANTA CLARA, CA 95054
 TYPE CHECKING * ROUTING 121140399 * ACCOUNT 3301482780 * SWIFT SVBKUS6S
GST NUMBER: 76760-3111-RT0001

**TO ENSURE PROPER CREDIT TO YOUR ACCOUNT, PLEASE
 REFERENCE INVOICE NUMBER INV5242 ON YOUR PAYMENT.**